



Camper Registration Form

Name: _____ Age: _____ Grade in fall: _____
 Address: _____ Phone: _____
 _____ Alt Phone: _____
 Shirt size (adult): _____

Insurance carrier: _____ Emergency Contact: _____
 Policy #: _____ Phone: _____

Release Information:
 In consideration of the acceptance of this application, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against All American Volleyball Camp or its representatives and or assignees, for any and all damages which may be sustained and suffered by me in connections with my association with or entry in this camp, and which may arise out of my traveling to, participating in or returning from the camp. Parent(s), guardian authorize the All American Volleyball Camp to act in the best interest of the applicant, in Camp Directors' discretion, in event of injury to the applicant.

 Applicant's Signature

 Date

 Parent/Guardian Signature

 Date

All American Volleyball Camp
Incoming 9th-12th Graders

make checks payable to:
Auburn High School

Camp Date: 8/16/2018-8/18/2018

Location: Auburn High School

Cost: \$1695 per team

Times: 9-11:30 & 12:30-3

Send registration and full
 payment to:

Auburn High School
 Attn: Shelley Davis
 711 E Main St.
 Auburn, WA 98002

Due: 7/20/18

Coach's Phone: 253-945-5672